

FEC FORM 2
STATEMENT OF CANDIDACY

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2016 JUN 13 AM 8:11

1. (a) Name of Candidate (in full) ROBERT (INGRAM) BURKE		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 808 EAST 114 AVE # A		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code TAMPA FL 33612		
4. Party Affiliation NP	5. Office Sought HOUSE	6. State & District of Candidate FL 24

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) ROBERT (INGRAM) BURKE FOR CONGRESS
(b) Address (number and street) 808 EAST 114 AVE # A
(c) City, State, and ZIP Code TAMPA FL 33612-2100

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) FRIENDS OF ROBERT INGRAM BURKE
(b) Address (number and street) SAME AS ABOVE
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 6/2/2016
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

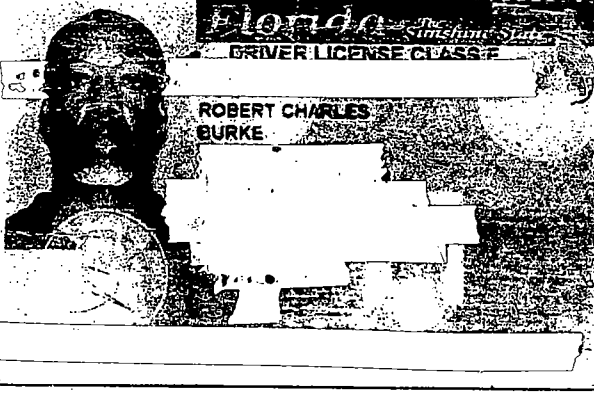
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Voter Information Card
Miami-Dade County, FL
tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enfemiasvun Voté
Konte Miami-Dade, FL

Robert C. Burke



ISSUED
EMITIDA

Bring photo identification
when voting.

para votar, presente una
identificación con fotografía.

Traapri pote yon pyes idantifikasyon
si en te to w sou li e w ap vin vote.

Registration No.
Nim. de inskripsiyon

Voting Location | Ubicación de la votación | Lokal Biwo Vot
Edison Towers
5821 NW 7 Ave

Precinct No.
Nim. del reinto
Pint. Biwo Vot

Date of Birth
Fecha de Nacimiento
Dat Nesans

Registration Date
Fecha de inskripsiyon
Dat Enskripsiyon

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Siprevizé Eleksyon
You are eligible to vote for the representatives from the districts listed below.
Ud puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distri ki ekri anba li yo.

Congress
Kongre
24

State Senate
Senado Estatal
Sena Eta a
39

State House
Kámara Estatal
Lachannm Eta a
108

County Commission
Comisión del Condado
Komisyón Konte
3

School Board
Junta Escolar
Asanble Edilasyon
2

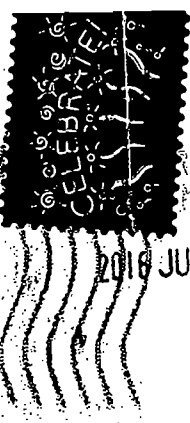
Community Council
Consejo Comunitario
Konsey Komunitate
0

Municipal | Municipal | Minisipalite
MIAMI



4322 NW 11 Court
MIAMI FL 33127-1418

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MIAMI FL 331

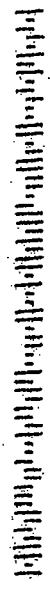


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2015 JUN 13 AM 8:14

FEDERAL ELECTIONS COMMISSION
999 E STREET N.W.
WASHINGTON DC 20543

20463-



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☒ USPS First Class Mail Postmarked Date of Receipt
6/7/16 6/13/16

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

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☐ Postmark Illegible

☐ No Postmark


☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2015)

6/13/16
DATE PREPARED

20160613 10:00:00 AM